

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA

CV-16-HA-1596-W

2016 SEP 28 A 11:06

197572

Inmate Identification Number:

CHARLES EDWARD TURNER

(Enter above the full name of the plaintiff
in this action)U.S. DISTRICT COURT
N.D. OF ALABAMA
OFFICE TO FILING PARTY

*It is your responsibility to
notify the clerk in writing of any
address change.*

*Failure to notify the clerk may
result in dismissal of your case
without further notice.*

vs.

OFFICER JASON MARTIN

NURSE COMMONS

NURSE ANISSA THOMAS

DR. WALTER WILSON

(Enter above full name(s) of the defendant(s)
in this action)

I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court(s) dealing with the same facts involved in this action or otherwise relating to your imprisonment?
Yes () No (☒)

- B. If the answer to (A) is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuit(s) on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff:

CHARLES EDWARD TURNER

Defendant(s):

JAMES MARTIN, NURSE COMMONS

NURSE ANISSA THOMAS, DR. WALTER WILSON

2. Court (if Federal Court, name the district; if State Court, name the county) _____
3. Docket number _____
4. Name of judge to whom case was assigned _____
5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____
6. Approximate date of filing lawsuit _____
7. Approximate date of disposition _____

II. Place of present confinement _____

- A. Is there a prisoner grievance procedure in this institution?
Yes (☒) No (☐)
- B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?
Yes (☒) No (☐)
- C. If your answer is YES:
 1. What steps did you take? _____
 2. What was the result? _____
- D. If your answer is NO, explain why not: _____

III. Parties.

In item (A) below, place your name in the first blank and place your present address in the second blank.

A. Name of Plaintiff(s) CHARLES EDWARD TURNER

Address 565 BIBB LANE, BRENT, ALA. 35034

In item (B) below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item (C) for the names, positions, and places of employment of any additional defendants.

B. Defendant JAMES MARTIN

Is employed as CORRECTIONAL OFFICER
at ST. CLAIR PRISON " 1000 ST. CLAIR ROAD
SPRINGVILLE ALA. 35146

C. Additional Defendants NURSE COMMONS, NURSE ANNISSE THOMAS
DR. WALTER WILSON " Employed at CORIZON HEALTH
CARE UNIT, ST. CLAIR PRISON 1000 ST. CLAIR ROAD
SPRINGVILLE ALA. 35146

IV. Statement of Claim

State here, as briefly as possible, the FACTS of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.

ON September 1, 2015 At approximately 7:30 A.M I WAS ASSIGNED
TO WORK ON A Custody Squad At ST. CLAIR Correctional Facility
Along with Inmate Blount Elliot 167546, Cathrell Green
160534, AND Almendarious OWENS 243491, AS WE ALL LEFT
Together on This day TO WORK WITH OUR SUPERVISOR COI
OFFICER JASON MARTIN,

WE DEPARTED THE PRISON FACILITY BACKGATE TO CUT GRASS AROUND THE OUTER SECTION OF THE PRISON, AND AROUND 10:40 AM WE STOPPED CUTTING GRASS AND GOT ABOARD A DEPARTMENT OF CORRECTION TRUCK, THAT WAS USED

V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

DUE TO MY INJURIES FOR LIFE, PUNITIVE DAMAGES AND MENTAL STRESS I'M STILL FACING AND WILL FACE FOR THE REST OF MY LIFE, I'M ASKING THE COURT FOR THE AMOUNT OF \$100,000.00 ONE HUNDRED THOUSAND DOLLARS

I declare under penalty of perjury that the foregoing is true and correct.

Executed on SEPTEMBER 15, 2014

CHARLES E. TURNER
SIGNATURE

ADDRESS 5125 BIGB LANE
BRENT, ALA 35034

AIS # 197572

Continued Statement

OF CLAIM

①

FOR TRANSPORTING INMATES ON OUT SQUADS, AND AFTER LEAVING THE AREA OF CUTTING GRASS, WE PROCEEDED TO THE FACILITY TRASH PILE, WHERE THE FACILITY DISCARDS ITS RUBBISH, AND WHILE IN ROUTE "THE TRUCK AND TRAILER WE WERE RIDING ON RAN THROUGH A DEEP WIDE MUD PUDDLE HOLE, AND WHEN THE TRUCK HIT THE HOLE, MY LEFT BOOT CONGLUTINATED BETWEEN THE ROAD AND ONE OF THE TRAILER TIES, AND THATS WHEN I SCREAMED OUT FOR OFFICER JASON MARTIN TO STOP THE TRUCK.

BUT BY THE TIME THE TRUCK STOPPED, I HAD ALREADY BEEN INJURED AND WAS DRAGGED TO THE PAVEMENT, AND ONCE I ATTEMPTED TO STAND ON MY FEET, I WAS UNABLE IN WHICH I COULD ONLY LAY DOWN AT THAT POINT, AND I BEGIN TO RECEIVE SEVERE PAINS IN MY LEFT LEG BELOW THE KNEE, AND OFFICER JASON MARTIN CAME TO ME "AND RADIO'D FOR AN AMBULANCE TO BE SENT, BUT WAS TOLD BY HIGHER OFFICIALS THAT SENDING AN AMBULANCE WOULD NOT BE POSSIBLE.

COI JASON MARTIN THE RADIO'D FOR A MEDICAL CART FROM THE PRISON TO BE SENT, BUT INSTEAD THERE WAS A MAINTENANCE CART SENT, BUT MEDICAL PERSONEL NEVER ARRIVED TO THE SCENE TO RENDER ANY TYPE OF FIRST AID, AND I WAS MOVED BY STATE INMATES, AND TRANSPORTED TO THE FACILITY.

Continued Statement
OF CLAIM

(2)

I WAS NOT TRANSPORTED TO ANY LOCAL HOSPITAL FROM THAT POINT, AND WHILE BACK AT THE PRISON OFFICER JAMES BURTON ANOTHER PRISON OFFICIAL AND SQUAD SUPERVISOR, NOTIFIED HEALTH CARE UNIT TO SEND A WHEEL CHAIR, TO TRANSPORT ME TO HEALTH CARE.

UPON ARRIVING AT HEALTH CARE, THE FIRST NURSE WHO EVALUATED ME WAS MS. COMMONS, AND DUE TO THE VERY PAIN I MANAGED TO REMOVE MY LEFT BOOT AND SOCK AND THE NURSE LOOKED AT MY AFFECTED LEG, AND NOTIFIED NURSE PRACTITIONER ANISSA THOMAS TO COME TO THE LOCATION TO SEE ME.

WHEN NURSE THOMAS ARRIVED, SHE EXAMINED MY LEFT LEG AND INITIATED A MEDICAL CHART, AND HAD CANTHERS BOUGHT TO ME, AND I ASKED OF X-RAYS TO BE DONE AND SHE TOLD ME THAT X-RAYS WOULD NOT BE DONE UNTIL THE FOLLOWING MONDAY, WHICH WAS SEPTEMBER 7, 2015.

AFTER RECEIVING X-RAYS, THE RESULTS CAME BACK ON SEPTEMBER 11, 2015 AND I WAS NOTIFIED, THAT A RADIOLOGIST HAD CONFIRMED THAT (2) SEPERATE BONES INSIDE MY LEFT FOOT WAS BROKEN, AND IN ADDITION ANOTHER BONE IN THE SAME FOOT, WHICH LED TO THE THIRD TOE WAS ALSO BROKEN.

THE NOTIFICATION CONCERNING THE OVER ALL INJURIES THE DOCTOR FROM CORIZON HEALTH CARE, DR. WALTER WILLSON M.D., CLAIMED HE REVIEWED MY X-RAYS AND FOUND

Continued Statement
of Claim

(3)

That There were NO Broken Bones, AND IF I did HAVE Broken Bones, There WAS NOTHING He could do About It.

AS OF THIS day, I CONTINUE TO SUFFER FROM SEVERE PAINS OFF AND ON "AND I HAVE DIFFICULTY IN WALKING even short distance, AND THAT THE physical PAIN HAS ACTUALLY gotten WORSE, AND I AM NOW BEING REFUSED TO BE SCHEDULED FOR AN APPOINTMENT, TO BE SEEN BY AN OFF. site ORTHOPAEDIC SPECIALIST.

THEREFORE MY SUITE IS FOR THE A.D.D.C., TO HAVE me even RIDING ON THE BACK OF A TRAILER "WHEN ITS AGAINST THEIR OWN REGULATION AND RULES, AND AGAINST CORIZON HEALTH CARE SERVICES, FOR REFUSING TREATMENT THROUGHOUT THE PROCESS.

I ASK OF ACTION TO BE TAKEN AND ALL MEDICAL DOCUMENTS TO BE SENT TO THE COURT FOR REVIEW.

Respectfully Submitted

Charles Edward Turner